AMENDED OMB APPROVAL **UNITED STATES** FORM D SECURITIES AND EXCHANGE COMMISSION RECEIVED OMB Number:.... 3235-0076 Washington, D.C. 20549 Expires May 31, 2005 **Estimated** burden hours per AMENDED FORM D Prefix NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION Name of offering (check if this is an amendment and name has changed, and indicate change.): eT Venture, LLC Filing Under (Check box(es) that apply): Rule 504 □ Rule 505 Rule 506 Section 4(6) ULOE **New Filing** X Amendment Type of Filing: A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) eT Venture, LLC Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (including Area Code) 100 Prospect Street, Suite 201 South, Stamford, CT 06901 (203) 326-7600 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (including Area Code) THOMSON (if different from Executive Offices) FINANCIAL Brief Description of Business: Investment entity formed to invest in eTelemetry, Inc., a Maryland Corporation. Type of Business Organization corporation limited partnership, already formed other (please specify): limited liability company business trust limited partnership, to be formed

GENERAL INSTRUCTIONS

Jurisdiction of Incorporation or Organization:

Actual or Estimated Date of Incorporation or Organization:

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C 77d(6).

CN for Canada; FN for foreign jurisdiction)

Year

(Enter two-letter U.S. Postal Service abbreviation for State: [DE]

[2005]

Actual

Estimated

Month

[12]

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02)

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A. BASIC IDENTIFICATION DATA
Enter the information requested for the following:
• Each promoter of the issuer, if the issuer has been organized within the past five years;
 Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers. The property and managing partners of partnership issuers.
Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner* Executive Officer Director General and/or
Managing Partner
Full name (Last name first, if individual) Centripetal Management, LLC
Business or Residence Address (Number and Street, City, State, Zip Code) 100 Prospect Street, Suite 201 South, Stamford, CT 06901
Check Box(es) that Apply: ☑ Promoter ☐ Beneficial Owner* ☑ Executive Officer* ☐ Director ☐ General and/or Managing Partner
*Mr. Chrust is a senior principal of the manager of the issuer.
Full name (Last name first, if individual) Chrust, Steven G.
Business or Residence Address (Number and Street, City, State, Zip Code) 100 Prospect Street, Suite 201 South, Stamford, CT 06901
Check Box(es) that Apply: ☑ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director ☐ General and/or
*Mr. Brodlieb is a principal of the manager of the issuer.
Full name (Last name first, if individual) Brodlieb, Jeffrey I.
Business or Residence Address (Number and Street, City, State, Zip Code)
100 Prospect Street, Suite 201 South, Stamford, CT 06901
Check Box(es) that Apply: ☑ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director ☐ General and/or Managing Partner
*Mr. Bulkeley is a senior principal of the manager of the issuer.
Full name (Last name first, if individual) Griswold, E. Bulkeley
Business or Residence Address (Number and Street, City, State, Zip Code) 100 Prospect Street, Suite 201 South, Stamford, CT 06901
Check Box(es) that Apply: ☑ Promoter □ Beneficial Owner ☑ Executive Officer* □ Director □ General and/or Managing Partner
*Mr. Rossetter is a principal of the manager of the issuer
Full name (Last name first, if individual) Rossetter, Stephen T.
Business or Residence Address (Number and Street, City, State, Zip Code) 100 Prospect Street, Suite 201 South, Stamford, CT 06901
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full name (Last name first, if individual)

Dus	siriess or		Address	(Number a	ind Street,	City, Stat	e, 2ip Cou							
					·	B. INFC	RMATIC	N ABOU	T OFFE	RING				
1.	Has the	e issuer so	ld, or doe:	s the issue	r intend to	sell, to no	n-accredit	ed investo	rs in this c	offering?			Yes	No ⊠
					Answ	er also in	Appendix,	Column 2	, if filing u	nder ULOE		'		
2.	What is	the minim	ium inves	tment that	will be acc	epted fron	n any indiv	/idual (but	lesser am	ounts may	be accept	ed)	\$	100,000
3.	Does th	ne offering	permit joi	nt ownersh	nip of a sin	gle unit?							Yes ⊠	No
4.	commis If a per state o	he informa ssion or sir rson to be r states, lis a broker o	milar remoder listed is a t the nam	uneration for an associative of the br	or solicitat ed person oker or de	ion of purc or agent aler. If mo	chasers in of a broke ore than fiv	connection or deale ve (5) pers	n with sale r registere ons to be	es of secur d with the listed are	ities in the SEC and	offering. or with a		
Full	l Name (l	_ast name	first, if inc	lividual)										
Bus	iness or	Residence	Address	(Number a	and Street,	City, Stat	e, Zip Cod	le)						
Nar	ne of As:	sociated Bi	roker or D	ealer										
Sta		nich Persor "All States [AK] [IN] [NE] [SC]					(CT) [ME] [NY] [VT]	Ers [DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	□ All States
Full	Name (l	_ast name	first, if ind	lividual)							***************************************			
Bus	iness or	Residence	Address	(Number a	and Street.	City, Stat	e. Zip Cod	le)						
		sociated Br		··		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-, -,							
Sta		nich Persor "All States [AK] [IN] [NE] [SC]				(CO) [CO] [LA] [NM] [UT]	(CT) [ME] [NY] [VT]	ers [DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	□ All States
Full	Name (l	ast name	first, if ind	lividual)			,							
Bus	iness or	Residence	Address	(Number a	and Street,	City, Stat	e, Zip Cod	le)						
Nar	ne of Ass	sociated Br	oker or D	ealer										
Sta		nich Persor "All States [AK] [IN] [NE] [SC]							[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	□ All States
				(Use i	olank shee	t, or copy	and use a	dditional c	opies of th	is sheet, if	necessar	y)		
			C. OF	ERING F	PRICE, N	UMBER	OF INVE	STORS,	EXPENS	ES AND	USE OF	PROCEE	DS	
1.	"0" if ar	ne aggrega nswer is "no s below the	one" or "z	ero." If the	transaction	n is an ex	change of	fering, che	ck this bo	x 🛘 and in				
	•	f Security								0	Aggregate Iffering Pri			ount Already Sold
										\$			\$	
	Equity		Common							\$			\$	
		tible Secur	•	_	•								\$	
	Partner	ship Intere	SIS	-4-3		*************		*****************		\$			\$	0.040.000

			DS	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	40	\$	2,849,000-
	Non-accredited Investors	-0-	\$	-0-
	Total (for filing Under Rule 504 only)		\$	
	Answer also in Appendix, Column 4 if filing under ULOE			
3.	If this filing is for an offering Under Rule 504 or 505, enter the information requested fo issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the fir offering. Classify securities by type listed in Part C - Question 1.	r all securities sold by the st sale of securities in this		
	Type of offering	Type of Security		Dollar Amount of Purchases
	Rule 505		\$	
	Regulation A		\$	
	Rule 504		\$	
	Total		\$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the Exclude amounts relating solely to organization expenses of the issuer. The information of future contingencies. If the amount of expenditure is not known, furnish an estimate and of the estimate.	nay be given as subject to check the box to the left of		
	Transfer Agent's Fees	🗆	\$	
	Printing and Engraving Costs	x	\$	500
	Legal Fees	Z	\$	10,000
	Accounting Fees	🗖	<u>\$</u>	
	Blue sky fees	×	\$	1,000
	Sales Commissions (Specify finders' fees separately)	🗆	\$	
	Other Expenses (identify):	x	\$	
	Total	x	\$	11,500
	b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		œ	2.967.500
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.	Payments to Officers, Directors & Affiliates	<u>\$</u>	Payments to Others
	Salaries and fees	0	\$	
	Purchase of real estate		\$	
	Purchase, rental or leasing and installation of machinery and equipment		\$	
	Construction or leasing of plant buildings and facilities		<u> </u>	
	Acquisitions of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		\$	

Repayment of indebtedness		0
Working capital		13,500
Other (specify) Investment in other businesses		2,954,000
Column Totals		2,967,500
Total Payments Listed (column totals added)		2,967,500
D. F	EDERAL SIGNATURE	
	ersigned duly authorized person. if this notice is filed under Rule 505, the U.S. Securities and exchange Commission, upon written request of its pursuant to paragraph (b)(2) of Rule 502.	
Issuer (Print or Type)	Signature Date	
eT Venture, LLC	The heart 9.710.00	?
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Steven G. Chrust	Senior Principal of Centripetal Management, LLC, Manager	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE

1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualifications provisions of such rule?		
		Yes 🗆	No 🗵
	See Appendix, Column 5, for state response.		

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Gignature Date O 01
eT Venture, LLC	9.20.00
Name of Signer (Print or Type)	Title of Signer (Print or Type)
Steven G. Chrust	Senior Principal of Centripetal Management, LLC, Manager

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AP	PENDIX				
1	Intend to sell to Non- Accredited Investors in State (Part B – Item 1)		3 Type of Security and Aggregate Offering Price Offered in State (Part C – Item 1)		Type of I Amount Pur (Part C	5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E – Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL									
AK									
AZ	X		Limited Liability Company Class B Membership Interests	1	\$125,000				X
AR									
CA	X		Limited Liability Company Class B Membership Interests	2	\$125,000				X
СО									
СТ	X		Limited Liability Company Class B Membership Interests	18	\$1,313,60 0	AL 19			x
DE									
DC				\					
FL	Х		Limited Liability Company Class B Membership Interests	1	\$50,000				x
GA							-		
н		·						·	
ID				-					
IL									
IN									
IA									
KS									
KY									
LA									
ME						~			
MD	X		Limited Liability Company Class B Membership Interests	1	\$25,000				x
MA	X		Limited Liability Company Class B Membership Interests	2	\$70,000				x
MI									
MN	 		 					 	

1	Intend to sell to Non- Accredited Investors in State (Part B – Item 1)		3 Type of Security and Aggregate Offering Price Offered in State		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E - Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
MS	163	140		IIIVESTOIS	Amount	investors_	Amount	103	
MO									
MT	-								
NE									
NV			***						
NH								l	
NJ	x	ad	Limited Liability Company Class B Membership Interests	3	\$275,000				X
NM									
NY	X		Limited Liability Company Class B Membership Interests	8	\$615,400				x
NC	х		Limited Liability Company Class B Membership Interests	1	\$50,000				x
NC									
ОН									
OK									
OR									
PA	×		Limited Liability Company Class B Membership Interests	1	\$50,000				X
RI									
sc									
SD									
TN									
TX									
UT									
VT									
VA	X		Limited Liability Company Class B Membership Interests	1	\$50,000				X
WA									
wv									
WI									
WY					8 of 8				
US VI	X		Limited Liability Company Class B Membership Interests	1	\$100,000				X
Foreign				-				1	

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